



Statewide Health Care Core Measure Set
Technical Work Group on Chronic Illness Measures

Meeting #2: Thursday, July 17, 2014

9:00 – 11:00 am

Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group. Workgroup members introduced themselves. Meeting attendance is recorded on page two of this meeting summary. The slide deck for this meeting is available upon request; please contact Susie Dade at sdade@wahealthalliance.org
II. Review of Measure Selection Process	<p>Mr. Bailit (Bailit Health Purchasing) reviewed the measure selection process that the workgroup will use which includes the following steps:</p> <ol style="list-style-type: none"> 1. Review highly aligned measures first (i.e., measures that appear in multiple measurement sets) 2. Discuss whether to include each measures (yes/maybe/no) 3. Take second pass through the yes/maybe list 4. Review additional measures recommended by group members and determine whether to consider 5. Review entire list and narrow recommended measures (not to exceed 15) <p>At its first meeting, the workgroup discussed the following broad areas for potential areas of focus based on perceived opportunity for improvement:</p> <ul style="list-style-type: none"> • Diabetes • Hypertension and Cardiovascular Disease • Asthma • Depression • Drug and Alcohol Use • Medications – Adherence and Generic Use <p>The workgroup also discussed care coordination and functional status. The group will use these categories in their deliberations beginning at the next meeting.</p> <p>The group was reminded of the measure selection criteria with emphasis placed on (1) selecting measures for which we have readily available data and the capability to measure and report results; (2) selecting measures that pertain to a large segment of the population with numerators and denominators of sufficient size to produce valid and reliable results; and 3) selecting measures which indicate significant potential to improve health system performance in a way that will positively impact health outcomes (including morbidity, disability, mortality, health equity, and quality of life) and reduce costs.</p>
III. Measure Review Process	See results from this first discussion starting on page 3 of this meeting summary.

IV. Next steps and wrap-up	<p>Specific follow-up to include: (1) closer look at asthma measures 116 and 117; (2) round-up of potential chronic pain measures that are measureable with readily available data.</p> <p>Workgroup members were asked to identify and email additional measures for discussion at the August 7 meeting NO LATER THAN August 1, 2014. Email to: Michael Bailit at: mbailit@bailit-health.com</p> <p>The next workgroup meeting is on Thursday, August 7, from 9:00 – 11:00 am.</p>
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July 17, 2014 Attendance/Committee members:

Attendance/Workgroup members:

Committee Member	Organization	ATTENDED in Person	ATTENDED by Phone	DID NOT ATTEND
Christopher Dale	Swedish Health Services		X	
Stacey Devenney	Kitsap Mental Health Services		X	
Erin Hafer	Community Health Plan of WA	X		
Kimberley Herner	UW/Valley Medical Center Network	X		
Jutta Joesch	King County	X		
Dan Kent	Premiera Blue Cross		X	
Julie Lindberg	Molina Health Care of WA	X		
Paige Nelson	The Everett Clinic	X		
Kim Orchard	Franciscan Health System	X		
Larry Schecter	WA State Hospital Association	X		
Julie Sylvester	Qualis Health			X

Attendance/Staff:

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Alice Lind	WA State Health Care Authority (by phone)
Laura Pennington	WA State Health Care Authority (by phone)
Michael Bailit	Bailit Health Purchasing (by phone)

Attendance/Other:

Beverly Stewart, American Lung Association of the Mountain Pacific

Jody Daniels, GlaxoSmithKline

Kristina Hermach, Bristol-Myers Squibb/ZymoGenetics

July 17, 2014-- The following measures were reviewed and considered **YES**:

#	Measure Name	NQF #	Steward	Subdomain	Subdomain 2	Data Source	Description	Comments
34	Comprehensive Diabetes Care: Hemoglobin A1c testing	0057	NCQA	Clinical Process	Diabetes	Claims	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.	
116	Use of Appropriate Medications for Asthma (ASM)	0036	NCQA	Clinical Process	Asthma	Claims	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	
92	Pharmacy: Percent Generic (one rate for each: Antacid, Antidepressants, Statins, ACE and ARBS, ADHD)	NA	Washington Health Alliance Home Grown	Cost	Medications	Claims	Percentage of Generic Prescriptions for ACE inhibitors or angiotensin II receptor blockers (ARBs). Percentage of Generic Prescriptions for attention deficit hyperactivity disorder (ADHD) Medications Percentage of Generic Prescriptions for PPIs (proton pump inhibitors) Percentage of Generic Prescriptions for SSRIs, SNRIs, and other Second Generation Antidepressants Percentage of Generic Prescriptions for Statins	Strong interest in including generic prescribing rates as measures; responsive to cost. BUT NO NOT want this to take up 5 of 15 measures -- can it be considered as one (or go over 15 limit to account for this)?
13	Anti-depressant Medication Management (AMM)	0105	NCQA	Medication Management	Depression	Claims	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. A. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	If considered two measures, more important to select 6 month measure

July 17, 2014-- The following measures were reviewed and considered **MAYBE**:

#	Measure Name	NQF #	Steward	Subdomain	Subdomain2	Data Source	Description	Comments
119	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	0577	NCQA	Clinical Process	COPD	Claims	The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	
71	Medication Management for People with Asthma (MMA)	1799	NCQA	Medication Management	Asthma	Claims	<p>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.</p> <ol style="list-style-type: none"> 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period. 	Need more information; is treatment period same as measurement period? If not, how is this measured? Challenging to accurately measure; requires good pharmacy data. Patient may fill prescription but may not be using meds appropriately.

#	Measure Name	NQF #	Steward	Subdomain	Subdomain 2	Data Source	Description	Comments
65	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	0004	NCQA	Clinical Process	Drug/Alcohol	Claims	<p>The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following.</p> <ul style="list-style-type: none"> - Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. - Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit 	Need more information re: whether it is a reasonable measure and does it get at impact; Would need claims data from chemical dependency providers to measure; would measure only at the county level

July 17, 2014-- The following measures were reviewed and considered **MAYBE**:

#	Measure Name	NQF #	Steward	Subdomain	Subdomain2	Data Source	Description	Comments
18	ASCVD: Use of Statins	NA	American College of Cardiology and the American Heart Association	Clinical Process	Heart	Claims	Cholesterol-Lowering Medication for Patients with Coronary Artery Disease	Not NQF-endorsed; no benchmarks; but use of statins important
31	Comprehensive Diabetes Care: Eye Exam	0055	NCQA	Clinical Process	Diabetes	Claims	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	Want to consider all diabetes measures together before finalizing
36	Comprehensive Diabetes Care: LDL-C Screening	0063	NCQA	Clinical Process	Diabetes	Claims	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an LDL-C test during the measurement year.	Want to consider all diabetes measures together before finalizing
37	Comprehensive Diabetes Care: Medical Attention for Nephropathy	0062	NCQA	Clinical Process	Diabetes	Claims	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	Want to consider all diabetes measures together before finalizing
27	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)) (CMC)	NA	NCQA	Clinical Process	Heart	Claims and Clinical Data	The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C screening.	Limited measure, likely to have small N

July 17, 2014-- The following measures were reviewed and considered **NO. These measures will be removed from further consideration:**

#	Measure Name	NQF #	Steward	Subdomain	Subdomain 2	Data Source	Description	Comments
32	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (CDC)	0575	NCQA	Clinical Outcome	Diabetes	Claims and Clinical Data	The percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	
35	Comprehensive Diabetes Care: LDL-C Control <100 mg/dL	0064	NCQA	Clinical Outcome	Diabetes	Claims and Clinical Data	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.	
26	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Control (< 100 mg/dL)) (CMC)	NA	NCQA	Clinical Outcome	Heart	Claims and Clinical Data	The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C control (<100 mg/dL).	
54	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083	AMA-PCPI	Clinical Process	Heart	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	

July 17, 2014-- The following measures were reviewed and considered **NO. These measures will be removed from further consideration:**

#	Measure Name	NQF #	Steward	Subdomain	Subdomain 2	Data Source	Description	Comments
81	Osteoporosis management: Members who had a fracture	NA	AMA	Clinical Process	Other	Claims	This measure calculates the percentage of members age 50 years and older with a fracture of the hip, spine or distal radius that had a central DXA measurement or drug therapy to treat osteoporosis.	
91	Pharmacotherapy Management of COPD Exacerbation (PCE) (No longer NQF Endorsed)	0549	NCQA	Medication Management	Medications	Claims	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid within 14 days of the event. 2. Dispensed a bronchodilator within 30 days of the event.	

The following topics/measures have been placed on a “parking lot” list. This list reflects topics and/or specific measures that are considered very important for future consideration, dependent upon (1) the availability one or more nationally vetted measures that are relevant for a broad cross-section of the population, and (2) data that is readily available to enable measurement and reporting at the medical group, hospital, health plan and/or geographic (county) level. This list should be considered draft and will be revisited as we proceed in the process.

Topic	Comments	Potential Measures
1. Diabetes: Blood Pressure and HbA1c Control	There is strong interest in measures that ascertain intermediate outcomes, however, there is recognition that we are currently unable to reliably measure outcomes utilizing clinical data from the electronic or paper medical record for a broad segment of provider organizations.	Measure #30 (NQF #0061): The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg during the measurement year. Measure #33 (NQF #0059): Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
2. Cardiovascular Disease: Blood Pressure Control	Same as above	Measure #38 (NQF #0018): The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.
3. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD)	This is a claims-based measure. Considered very important but not as a priority for the starter set. Consider for future measure sets.	Measure #50 (NQF #0108): Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase